Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. **

Email Address:

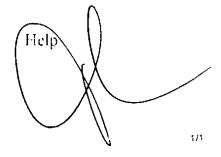
From: Kaity

REGISTERED AGENT CHANGE PILBARA GROUP, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in order to change its registered office or re	ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.
1. The name of the corporation: Pilbara Group, Inc.	
2. The periorpal office address.	Builling 100, Suite 150
Jacksonville, FL 32246	<u> </u>
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/11/2002	Document number: P02000110621
The name and street address of the current register Florida Department of State: (If resigned, enterresigned)	
Chepenik, Bart II	
12550 Biscayne Blvd., Ste. 805	
North Minmi, FL 33181	
6. The name and street address of the new registered a (ifchanged): C T Corporation System	agent (if changed) and /or registered office 2023 FEB - 7 Boy NOT incceptable
1200 South Pine Island Road	
Plantation, Florida 33324	Box NOT acceptable ASSE
The street address of its registered office and the stras changed will be identical.	$\mathbb{P}_{\mathcal{O}} \sim \mathbb{Q}$
Such change was authorized by resolution duly ado authorized by the board, of the corporation has been	pted by its board of directors or by an officer so
Yachel Connun	Rachel O'Connor, Attorney in Fact
Signific of another or director I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change is corporation has been notified in writing of this chan C T Corporation System	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the
Signature of Registered Agent	Date
If signing on behalf of an entity:	
SEAN L. EMERICK, ASSISTANT SECRETARY	
Typed or Printed Name	

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

Byt